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COMPANY	
FAX NUMBER	17038729306
FROM	Van Mahamedi
DATE	2005-05-31 23:13:15 GMT
RE	09/843,286 Filing

## **COVER MESSAGE**

In re application of:

Frederick EYAL, Aviv

Serial No.: 09/843,286

Filed: April 25, 2001

For: method and system for visual network searching

Confirmation No.: 7801

Group Art Unit No.: 2176

Examiner: SHAH, Sanjiv

2008 Jank

## ENCLOSED HEREWITH

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Fee Transmittal with Authorization to Chareg Deposit Account 50-1914

Supplemental Office Action

Information Disclosure Statement

PTO-1449 with one reference

Reference (7 pages)

Please contact below if there are problems with the transmission

24 Pages Total, not including cover sheet

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To: Page 4 of 27

PTO/SB/17 (10-03)
Approved for use through 07/31/2008 OMB 0654 000

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		Complete if Known								
FEE TRANSMITTA	L	Application Number			er 09	9/843,				
for FY 2004					Ar	April 25, 2001				
			First Named Inventor			EYAL, Aviv				
Effective 10/01/2003. Patent fees are subject to annual revision.			Examiner Name			SHAH, Sanjiv				
Applicant claims small entity status. See 37 CFR 1.27		Art Unit			21	2176				
TOTAL AMOUNT OF PAYMENT (\$) 325		Attorney Docket No.			lo. FF	RIS-07	710			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)								
Check Credit card Money Other None		. ADDITIONAL FEES								
✓ Deposit Account:	Fee	Entity	Fee	Entity Fee						
Deposit Account 50-1914		e (\$)	Code			Fee L	Description	Fee Paid		
Number Deposit	1051		2051		_		filing fee or oath			
Account Name	1052	50	2052		cover she		provisional filing fee or			
The Director is authorized to: (check all that apply)	1053		1053		Non-Engl			_		
✓ Charge fee(s) indicated below	1812	2,520 920*	1812			•	est for ex parte reexamination	n		
✓ Charge any additional fee(s) or any underpayment of fee(s)	1004	920	1004	920	Examiner	raction	ication of SIR prior to			
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesti Examine:		ication of SIR after			
FEE CALCULATION	1251	110	2251	55	Extension	on for re	ply within first month			
1. BASIC FILING FEE	1252	420	2252				ply within second month	<del></del>		
Large Entity Small Entity Fee Fee Fee Fee Paid	1253		2253				ply within third month	<u> </u>		
Fee Fee Fee Fee Fee Peacription Fee Paid Code (\$) Code (\$)		1,480	2254				ply within fourth month			
1001 770 2001 385 Utility filing fee		2,010	2255	1,005	Extensio	on for re	ply within fifth month	<del>                                     </del>		
1002 340 2002 170 Design filing fee	1401		2401		Notice of	• •		<del></del>		
1003 530 2003 265 Plant filing fee	1402	-	2402 2403		Request		support of an appeal			
1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee	1451		1451		,		ite a public use proceeding			
	1452		2452	•			ne a public use proceeding e - unavoidable			
SUBTOTAL (1) (\$) 0		1,330	2453				e - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,330	2501				(or reissue)			
Extra Claims below Fee Paid	1502	480	2502	240	Design is	ssue fe	9			
Total Claims 89 .76** = 13 x 25 = 325   Independent 2 - 3** = 0 x = 0	1503	640	2503	320	Plant iss	sue fee				
Multiple Dependent	1460	130	1460	130	Petitions	s to the	Commissioner			
Large Entity   Small Entity	1807		1807			-	under 37 CFR 1.17(q)			
Fee Fee Fee Fee Description		180	1808				nformation Disclosure Stmt	<b>-</b>		
Code (\$)   Code (\$)   1202 18   2202 9 Claims in excess of 20		40	8021	40	property	(times i	patent assignment per number of properties)			
1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a s (37 CFR		sion after final rejection			
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810		For each	n additio	nal invention to be			
1204 86 2204 43 ** Reissue independent claims over original patent		1 770	2801				FR 1.129(b)) intinued Examination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20		900	1802		Reques	st for ex	pedited examination			
and over original patent	of a design application  Other fee (specify)							<del>     </del>		
SUBTOTAL (2) (\$) 325 **or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0								
SUBMITTED BY (Complete (if applicable))										
Name (Print/Type) Van Maharpedi		Registra		42,8	828	T	Telephone 408-551-663	2		
(Altorney/Agent)										
Signature Date May 31, 2005  WARNING: Information on this form may become public. Credit card information should not										

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